

# ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>22-JUL-2015</b>		TIME <b>01:41:00</b>		2. ADDRESS OF OCCURRENCE <b>5632 S MORGAN ST CHICAGO, IL 60621</b>			3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>0712</b>		
5. POSITION <b>9161</b>		6. LAST NAME <b>RANGEL</b>		7. FIRST NAME <b>ELI</b>		8. STAR NO. <b>13858</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>S</b>	
11. AGE <b>600</b>		12. HT. <b>220</b>		13. WT. <b>600</b>		14. DATE OF APPT. <b>16-DEC-2009</b>		15. EMPLOYEE NO. <b>007</b>		16. UNIT & BEAT OF ASSIGNMENT <b>0712R</b>	
17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME <b>LEWIS</b>		21. FIRST NAME <b>KENNETH</b>		22. M.I. <b>A</b>	
23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. <b>507</b>		26. HT. <b>177</b>		27. WT. <b>177</b>		28. ADDRESS <b>29. TELEPHONE NO.</b>	
30. WAS SUBJECT ARMED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>COOK COUNTY HOSPITAL - STROGER HOS</b>		34. BY WHOM? <b>35. CONDITION</b>		36. CHARGES PLACED <b>***** PLEASE SEE NEXT PAGE *****</b>	
37. CB NO. <b>19155758</b>		38. DNA <input type="checkbox"/> DNA		39. DNA <input type="checkbox"/> DNA		40. ADDITIONAL INFORMATION <b>OFFENDER DREW A FIREARM FROM HIS WAISTBAND AND TURNED POINTING A SEMI-AUTOMATIC HI-POINT .40 CALIBER PISTOL AT RO.</b>		41. WEAPON TYPE <input checked="" type="checkbox"/> 01 SEMI-AUTO PISTOL <input type="checkbox"/> 02 REVOLVER <input type="checkbox"/> 03 RIFLE <input type="checkbox"/> 04 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	
43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>		45. MAKE/MANUFACTURER <b>GLOCK, INC.-AU-</b>		46. MODEL <b>21</b>		47. BARREL LENGTH <b>4.9</b>		48. CALIBER/GAUGE <b>45 CAL</b>	
49. TASER DART ID NO. <b>LTH238</b>		50. WEAPON SERIAL NO. (Include Letters) <b>R008183S</b>		51. CHICAGO GUN REG. NO. <b>52. IL FIREARM OWNER ID. NO.</b>		53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.	
56. TYPE OF AMMUNITION USED <b>Department Issued</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>10</b>		59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED <b>0</b>	
62. HOW WAS MEMBER'S HANDGUN WORN <input checked="" type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		63. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>MOVEMENT</b>		66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input checked="" type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		67. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	
68. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		69. NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV.		70. MEMBERS WILL ENSURE THAT ALL REQUIRED NOTIFICATIONS AND ALL WITNESSES TO THIS USE OF FORCE ARE DOCUMENTED IN THE APPROPRIATE CASE REPORT.		71. REPORTING MEMBER (Print Name) <b>RANGEL, ELI</b>		STAR/EMPLOYEE NO. <b>13858</b>		SIGNATURE <b>22-JUL-2015 09:26:45</b>	
72. REVIEWING SUPERVISOR (Print Name) <b>RIGAN, KRISTOPHE J</b>		STAR NO. <b>1279</b>		SIGNATURE <b>22-JUL-2015 09:31:01</b>		DATE REVIEWED <b>22-JUL-2015 09:31:01</b>		TIME <b>22-JUL-2015 09:31:01</b>		73. EVENT NO. <b>1520301076</b>	
74. SIGNATURES		75. SIGNATURES		76. SIGNATURES		77. SIGNATURES		78. SIGNATURES		79. SIGNATURES	

LOG # 1076261  
Attachment # 8

SUBJECT  
INFORMATION

NO CHANGES PLACED

725 ILCS 5.0/110-3, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/24-1.1-A, 720 ILCS  
5.0/24-1.1-A, 720 ILCS 5.0/12-2-B-4, 720 ILCS 5.0/12-2-B-4

☐ DNA

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

### 75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA☐ REFUSED☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject is presently in surgery for multiple gunshot wounds and cannot be interviewed at this time.

### 76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on what is known at this time at this stage of the investigation, a preliminary determination has been made that the discharges by Officer Eli Rangel #13858 are within department guidelines concerning the use of deadly force in that Officer Eli, observed Kenneth Lewis remove a handgun from his waistband, turn in the direction of he and his partner and point the firearm in their direction when they attempted to conduct a field interview of him after seeing him make a motion at his waistband that is consistent with someone who carries a firearm. This investigation is continuing by Area South Bureau of Detectives and IPRA.

### 77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1076261 OBTAINED

### 78. LIEUTENANT OR ABOVE/OCIC (Print Name)

VELEZ, CARLOS E

### SIGNATURE

[REDACTED]

### DATE COMPLETED

### TIME

22-JUL-2015 09:49:02

### 79. TOTAL TRR's THIS EVENT No.

2